

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation <b>FEMINIST MAJORITY</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>1600 WILSON BLVD SUITE 801</b>	
(c) City, State and ZIP Code <b>ARLINGTON VA 22209</b>	3. FEC Identification Number <b>C C90010646</b>
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b> Name of Employer _____ Occupation _____	

**4. TYPE OF REPORT (check appropriate boxes):**

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour Notice
- ☒ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

**5. COVERING PERIOD: FROM**

M M  
0 4 / D D  
0 1 / Y Y Y Y  
2 0 1 0

**THROUGH**

M M  
0 6 / D D  
3 0 / Y Y Y Y  
2 0 1 0

**6. TOTAL CONTRIBUTIONS** .....**3928.00****7. TOTAL INDEPENDENT EXPENDITURES**.....**442.38**

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM****SIGNATURE****DATE**

DIANE ELIZABETH CUTRI

07/20/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)  
FEMINIST MAJORITY

**A.** Full Name (Last, First, Middle Initial)

BRIAN BRUZ

Mailing Address

210 CASTLE HILL RANCH

City

WALNUT CREEK

State

CA

Zip Code

94595

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	0

Transaction ID: F56.000001

Amount of Each Receipt this Period

500.00

Name of Employer

Occupation

**B.** Full Name (Last, First, Middle Initial)

SARA NICHOLS

Mailing Address

1824 OLD RANCH RD.

City

LOS ANGELES

State

CA

Zip Code

90049

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	0

Transaction ID: F56.000002

Amount of Each Receipt this Period

150.00

Name of Employer

Occupation

NONE

RETIRED

**C.** Full Name (Last, First, Middle Initial)

NANCY REESE

Mailing Address

6721 REYNOLDS STREET

City

PITTSBURGH

State

PA

Zip Code

15206

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

Transaction ID: F56.000003

Amount of Each Receipt this Period

150.00

Name of Employer

Occupation

AKOYA

PARTNER

**D.** Full Name (Last, First, Middle Initial)

DONORS VARIOUS

Mailing Address

95 INDIVIDUAL DONORS  
CONTRIBUTIONS \$200 AND UNDER

City

State

Zip Code

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: F56.000004

Amount of Each Receipt this Period

3128.00

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional) .....

3928.00

TOTAL This Period (last page carry total to Line 6) .....

3928.00

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee  
FEMINIST MAJORITY

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Mailing Address  
1600 WILSON BLVD.  
SUITE 801

Amount

92.38

City	State	Zip Code
ARLINGTON	VA	22209

Purpose of Expenditure  
SALARY AND BENEFITSCategory/  
Type
Office Sought: ☒ House State: PA  
☐ Senate District: 16  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
JOSEPH PITTSCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 537.50Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
REED & DAVIDSON, LLP

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

Mailing Address  
520 SOUTH GRAND AVENUE  
SUITE 700

Amount

350.00

City	State	Zip Code
LOS ANGELES	CA	90071

Purpose of Expenditure  
LEGAL FEESCategory/  
Type
Office Sought: ☒ House State: PA  
☐ Senate District: 16  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
JOSEPH PITTSCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 350.00Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

442.38

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

442.38